



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



CONFIRMATION NO. 7887

Bib Data Sheet

|                             |  |              |                        |                                       |
|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/755,038 | FILING OR 371(c)<br>DATE<br>01/09/2004<br>RULE | CLASS<br>128 | GROUP ART UNIT<br>3771 | ATTORNEY<br>DOCKET NO.<br>2111-040037 |
|-----------------------------|--|--------------|------------------------|---------------------------------------|

## APPLICANTS

Avram Reuben Gold, Plainview, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/438,966 01/09/2003 *AB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 04/13/2004

|                                 |   |                        |                     |                    |                         |
|---------------------------------|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>NY | SHEETS DRAWING<br>1 | TOTAL CLAIMS<br>28 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                        |                     |                    |                         |

Verified and  
Acknowledged

*Adam Brandt* *AP*  
Examiner's Signature Initials

ADDRESS  
28289

## TITLE

Method of treating functional somatic syndromes and diagnosing sleep disorders based on functional somatic syndrome symptoms

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>522 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|